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# Midazolam used to end lives of many you were told died of Covid | Principia Scientific Intl.

12-16 minutes : 9/8/2021

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In March 2020 the British people were told that they must “stay at home” in order to “protect the NHS” and “save lives”. They were also told that the authorities needed just “three weeks to flatten the curve”.

Why were the British people instructed to stay at home? Because of the threat of a new and emerging virus which we’re told originated in the city of Wuhan, China. A virus which has claimed the lives of 128,000 to date in the United Kingdom, or so we’re told.

But what if we could prove to you that you’ve given up fifteen months and counting of your life due to a lie? But

not just any lie, a lie that has involved prematurely ending the lives of thousands upon thousands of people, who you were told died of Covid-19. A lie that has involved committing one of the greatest crimes against humanity in living memory. A lie that has required three things – fear, your compliance, and a drug known as Midazolam...

Authorities state that Covid-19 is an infectious disease caused by a new coronavirus dubbed SARS-CoV-2. The World Health Organisation (WHO) tell us that “most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment”. However they state that “older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness”.

We’re told that serious illness in Covid-19 presents **pneumonia** and accompanying respiratory insufficiency. Therefore typical symptoms include **breathlessness**, cough, weakness and fever. We’re also told that people who suffer deteriorating **respiratory failure** and who do not receive **intensive care**, develop acute **respiratory distress** syndrome with **severe breathlessness**.

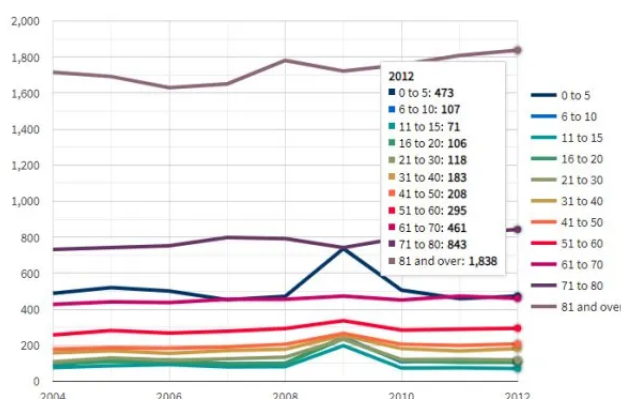
Pneumonia is an inflammation of one or both lungs, usually caused by an infection. It causes the alveoli (air sacs) inside the lungs to fill with fluid, making it harder for them to work properly. The body sends white blood cells to fight the infection, and while this helps kill the germs it can also make it harder for the lungs to pass oxygen into the bloodstream.

Pneumonia is not a new condition that has appeared due to Covid-19. In 2019 alone, the year prior to the alleged emergence of Covid-19, **272,000 people were admitted to**

hospital with pneumonia. According to the British Lung Foundation in 2012, 345 people per every 100,000 had one or more episodes of pneumonia. This equates to around 225,000 people suffering pneumoni at least once.

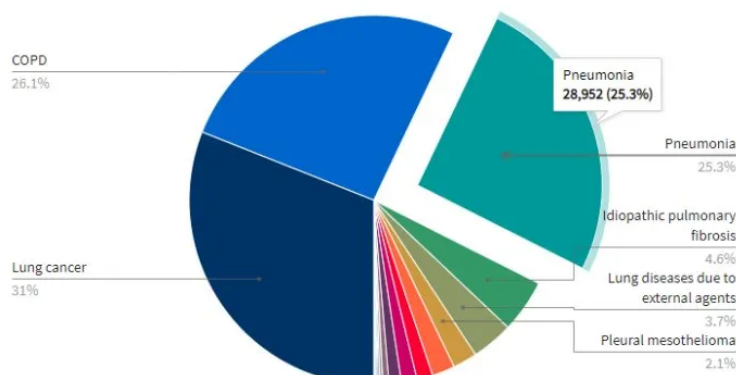
The British Lung Foundation also show us that the majority of cases of pneumonia occur in those who are aged 81 and over. For instance in 2012 1,838 people in every 100,000 people over the age of 81 developed pneumonia, this equates to around 60,000 people over the age of 81 in today's numbers based on there being around 3.2 million people over the age of 80 in the UK.

Number of people per 100,000 who developed pneumonia, by age group, 2004–12



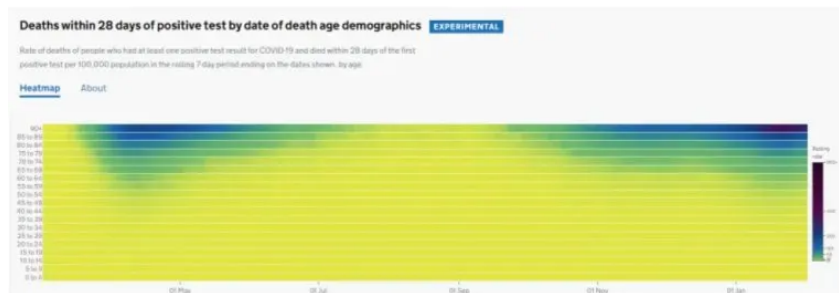
They also tell us that In 2012 there were 28,592 deaths from pneumonia, which equates to 5.1 percent of all deaths that occurred that year.

UK deaths from pneumonia compared with other lung diseases, 2012



So as you can see deaths due to pneumonia have not just suddenly started to happen because of the alleged emergence of a new disease called Covid-19, we've been living with them all of our lives, they just haven't been thrust in front of you 24/7 on the television, or the front page of every newspaper like they have with alleged Covid-19 deaths.

But for us to prove to you that you given up fifteen months of your life due to a lie that involved prematurely ending the lives of thousands upon thousands of people we first need you to understand which age group has been most affected by Covid-19 according to official statistics.



The above graph is a heat map showing deaths within 28 days of a positive test for SARS-CoV-2 by date of death and age of the person. This data can be seen at the UK Gov's. coronavirus dashboard [here](#). Whats pretty clear from this data is that the most alleged Covid deaths have occurred in people aged 90+. The next age group with the most deaths being 85 – 89, then 80 – 84 and so on and so on. There's a general decrease in the number of deaths up to about the 65-69 age group but then we see a dramatic fall to pretty much zero in anyone aged under about the age of 60.

This heat map shows that there have generally been no more than 9 deaths in a single day of anyone aged between 60 – 64. In the 65-69 year old group there have been no more than 20 deaths a day. In the 70-74 year old

group no more than 27 deaths in a day. In the 75-79 group no more than 48 deaths in a day, at it's highest.

It isn't until we get to the 85-89 year old group that we start to see a large increase in the number of alleged Covid deaths. 179 deaths in a day at its highest. Then we have the 90+ age group which has seen no more than 379 deaths in a single day at it's highest.

So what we're seeing here is that is a negligible amount of "Covid" deaths in anyone under the age of 60. But we're really not seeing very many "Covid" deaths in anybody aged between 60 and 80. What we are seeing is a much higher amount of "Covid" deaths in people aged over 85. But what's so strange about that?

Well nothing when we consider the average life expectancy in the UK is 81 years of age. Plus the fact this is also in line with what we have seen in cases / deaths due to pneumonia in previous years. Don't forget serious illness in Covid-19 presents **pneumonia** and accompanying respiratory insufficiency.

Which begs the question of why the entire nation has had to stay at home, social distance, wear a mask, wash their hands, and live under dictatorial tyranny for fifteen months because people who have lived longer than the average life expectancy in the UK have died or are dying? Dying of pneumonia from which we see tens of thousands of deaths every year.

We cannot deny that 2020 did see excess deaths, and you would believe this is due to the hospitals being overwhelmed? Except they weren't.

[NHS data](#) shows us that during the height of the "first wave" between April and June 2020 there were 58,005

beds occupied which equated to 62 percent occupancy. This is 30 percent down on the same time frame in the previous year.

- In 2017, April-June there were on average a total of 91,724 beds occupied which equated to 89.1 percent occupancy.
- In 2018, April-June there were on average a total of 91,056 beds occupied which equated to 89.8 percent occupancy.
- In 2019, April-June there were on average a total of **91,730** beds occupied which equated to **90.3 percent** occupancy.
- **In 2020, April-June there were on average a total of 58,005 beds occupied which equated to 62 percent occupancy.**

It also shows us that [A&E attendance](#) during the height of the first wave was **57 percent down on the previous**

**year.**

- 2018 – April – 1,984,369 attended A&E
- 2019 – April – **2,112,165** attended A&E
- **2020 – April – 916,581 attended A&E**

Which begs the question of what exactly were we protecting the NHS from? It seems to have had a holiday.

But there were 41,627 more deaths than the five year average up to the 1st May 2020, and the vast majority of these occurred in April. An April which saw A&E attendance down 57 percent compared to the previous year and bed occupancy down 30 percent compared to the previous year. 33,408 of these excess deaths mentioned Covid-19 on the death certificate, the vast majority of which occurred in those over the age of 85.

However [data taken from the Office for National Statistics \(ONS\)](#) shows us that during April 2020 there were 26,541 deaths that occurred in care homes, an increase of 17,850 on the five-year average. This is half the amount of alleged Covid-19 deaths during the same period.

Why did so many people die in care homes when hospitals were far from overwhelmed? Surely if they have developed serious complications due to Covid-19 they would require urgent medical attention and hospital treatment?

Because don't forget we're told that serious illness in Covid-19 presents **pneumonia** and accompanying respiratory insufficiency. Therefore typical symptoms include **breathlessness**, cough, weakness and fever. We're also told that people who suffer deteriorating **respiratory failure** and who do not receive **intensive care**, develop acute **respiratory distress** syndrome with **severe breathlessness**.

Why were these people in care homes and not in hospital?

**They were in care homes because Matt Hancock gave the order to put them there...**

On the 19th March [a directive was sent out to the NHS](#) which required them to discharge all patients who they deemed to not require a hospital bed. They declared that transfers from the ward must happen within one hour of that decision being made to a designated discharge area, and that **discharge from hospital should happen within 2 hours**. NHS trusts were told that “**they must adhere**” to the new directive.

This was done to allegedly free up beds, of which they estimated would amount to an extra 15,000 free beds within just one week of the directive being implemented.

It freed up so many beds that bed occupancy during April – June 2020 was 30 percent down on the previous year. Why on earth would these people already be in a hospital bed if they did not need to be? You attend hospital because you require medical treatment, not because you want a lie down and a good nights sleep.

**This directive meant that people who required medical treatment and attention were discharged into Care homes in the thousands.**

But Matt Hancock's abandonment of the elderly and vulnerable didn't end there. Whilst the NHS was busy discharging patients who required medical treatment into care homes under his directive, Matt Hancock and the Department of Health were busy trying to source them all a certain drug known as **midazolam**.

Midazolam is a commonly used drug in palliative care and is considered one of the four essential drugs needed for the promotion of quality care in dying patients in the United Kingdom. Think of it as diazepam on steroids.

Midazolam is also a drug that has been used in executions by lethal injection in the USA, combined with two other drugs. Midazolam acts as a sedative to make the prisoner unconscious. The other drugs then stop the lungs and heart working. However it has been the source of controversy as several prisoners took a long while to die and appeared to be in pain when midazolam was used.

Midazolam can also cause serious or life-threatening breathing problems such as shallow, slowed, or temporarily stopped breathing that may lead to permanent brain injury or death.

UK regulators state that you should only receive midazolam in a hospital or doctor's office that has the equipment that is needed to monitor your heart and lungs and to provide life-saving medical treatment quickly if your breathing slows or stops.

A doctor or nurse should watch you closely after you receive this medication to make sure that you are breathing properly because midazolam induces significant depression of respiration. Your doctor should also be made aware if you have a severe infection or if you have

or have ever had any lung, airway, or breathing problems or heart disease.

Midazolam is also used before medical procedures and surgery to cause drowsiness, relieve anxiety, and prevent any memory of the event. It is also sometimes given as part of the anesthesia during surgery to produce a loss of consciousness.

Midazolam is also used to cause a state of decreased consciousness in seriously ill people in intensive care units who are breathing with the help of a machine.

Midazolam should be used with extreme caution in patients who have chronic renal failure, impaired hepatic function, or impaired cardiac function. It should also be used with extreme caution in obese patients, or elderly patients.

What are some of the most important points you should take from this?

- Midazolam induces significant depression of respiration
- UK regulators insist midazolam should only be administered in a hospital or doctor's office under the supervision of a doctor or nurse to monitor the breathing of the patient in order to provide life saving treatment to the patient if breathing slows or stops.
- Midazolam should be used with extreme caution in elderly patients

Serious illness in Covid-19 presents **pneumonia** and accompanying respiratory insufficiency. Therefore typical symptoms include **breathlessness**, cough, weakness and fever. We're also told that people who suffer deteriorating **respiratory failure** and who do not receive **intensive**

**care**, develop acute **respiratory distress** syndrome with **severe breathlessness**.

Midazolam induces significant depression of respiration.

Knowing that would you use midazolam to treat people who were suffering pneumonia and respiratory insufficiency allegedly due to Covid-19?

Read the rest here: [theexpose.uk](https://theexpose.uk)

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